PTO/SE/06 (08-01)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
Substitute for Form PTO-875 09000897											890	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	OR		R THAN ENTITY	
	FOR	MUMBI	BER FILED MANAGE		ER EXTRA		RATE	FEE]	RATE	FEE	
8ASIC FEE (D7 GFR 1.18[a])						8	OR		•			
	AL CLADAS STR 1.18(c))		celnus 20		1	X 3_ •						
INOI	PENDENT CLA	MS .				ł	- -	 	C R	**		
(37 CFR 1.18(b)) clinus 3 • •				Į	× 5	ļ	O R	× 5•				
ARALTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))							٠,٠		Q R	+5		
"If the difference in column 1 is these than refer plan I in column 1.							TOTAL		O R	TOTAL		
TION COMPLICANT NE												
10/24/20-												
	בטןי	(Catumn 1)		(Column 2)	(Cotumn 3)	_	SMALL	ENTITY	OR		THAN ENTITY	
⋖		CLAIMS REMAINING		HIGHEST	PRESENT]	RATE	400F		RATE	ADD:	
AMENDMENT		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		. NAIE	TIONAL FEE	
Š	(2) CFR LIS(L)	25	Mirus	<u> 31 </u>	•		X 5 .		08	x s •		
Ē	independent (II CFR tridge)	9	Minus .	9	•	1	x 3		OR .	xs		
₹	FIRST PRESENT	PATION OF MULTIPL	E DEPENDE	NT CLASM P2 OF	R 1.15(Q)	L			OR	•;		
1261-							TOTAL			TOTAL		
10	7 <i>4-10</i> .	5_					ADD'L FEE		OR	adol fee		
(Column 1) (Column 2) (Column 3)												
T B		CLAIMS REMAINING AFTER		NIGHEST NUMBER	PRESENT EXTRA		RATE	ADDI		RATE	ADD1-	
핗		AMENDMENT		PREVIOUSLY PAID FOR	BAIRA]		TIONAL FEE			TIONAL FEE	
NOW	CI CAL LINCO	25	Minus	3/	•		× 5		OR	x 1 •		
ш	(St. Cas right) population	9	Minus	<i> 9</i>	٠	1			OR	x \$ •		
FRST PRESENTATION OF MALTIPLE DEPENDENT CLAM (27 OF R 1.NE(40)						1	+5		OR	+1 .		
Γ.						•	TOTAL	·		TOTAL	•	
14/	27/06						ADD'L FEE		OR	ador fee		
-	7,700	(Column 1)		(Cotumn 2)	(Column 3)	3						
ENDMENT C		REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIDNAL FEE		RATE	ADDI- TIONAL FEE	
🗟	Total CF CFA L18(1)	1.71	Minus	" 31	• `		x 5=		OR	x 8		
	Endependent (IF CML L1002)	8	Minus	-9	• –		x s•		OR	× 5	•	
AM	FREST PRESENT	FRET PRESENTATION OF MALTPLE DEPENDENT CLAIM (37 OFR 1.18(4))					+, .		oir.	••		
							TOTAL			TOTAL		
	If the entry to c	column 1 is less the	n the entry	in column 2. writ	o W in column	3	ADD'L FEE		OR	ADDLFEE	L	
* If the entry in column 1 is less than the entry in column 2, write "If in column 3." If the "Highest Humber Previously Paid For" IN TRUS SPACE is less than 20, enter "20". If the "Highest Humber Previously Paid For" IN TRUS SPACE is less than 20, enter "20".												
"If the "Toghest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This collection of intermetion is required by 37 CFR 1.16. The information is required to obtain or ration a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection to estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete deplication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to ecomplete this form and/or suggestions for raducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandriz, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandriz, VA 22313-1450.